Kansas Drug Utilization Review Newsletter

Health Information Designs, LLC ***3rd Quarter 2018***

Welcome to the Quarterly edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

Helpful Web Sites

KMAP Web Site
https://www.kmap-state-ks.us/

KDHE-DHCF Web Site
http://www.kdheks.gov/hcf/

KanCare Web Site
http://www.kancare.ks.gov/

Fee-For-Service (FFS) Helpful Numbers

Provider Customer Service (Provider Use Only)
1-800-933-6593

Beneficiary Customer Service
1-800-766-9012

KMAP PA Help Desk
1-800-285-4978

In This Issue:

The Ongoing Opioid Crisis

Opioid abuse remains an ongoing major health crisis, continuing at an epidemic level and affecting people of all ethnic, racial, and socioeconomic demographics. Approximately 2 million people currently abuse or are dependent on prescription opioids, with 25% of patients in primary care settings receiving long-term prescription opioids for non-cancer pain struggling with addiction. The opioid epidemic continues to cause numerous negative consequences to the population, with the most devastating being a continued rise in opioid overdose.

Opioid overdose results in respiratory depression to an extent where a person's breathing is slowed to a point where they lose consciousness and are then at significant risk of rapid onset respiratory failure, which can lead to cardiac arrhythmias and death. Occurrences of opioid overdose have been consistently increasing over the years, with 2014 being the first year that drug overdose was the leading cause of accidental death in the U.S. at 47,055 lethal overdoses. This worrisome trend has continued, with the age-adjusted rate of overdose deaths increasing 9.6% from 2016 to 2017 (19.8 per 100,000 and 21.7 per 100,000 respectively), per the CDC. Of these deaths, more than 60% involved an opioid both in 2016 and 2017. While this rise in are startling on their own, they show only a small fraction of the actual occurrence of opioid overdose, as the CDC estimates that over 1,000 emergency room visits every day are attributed to opioid misuse.

One of many recommendations to reduce overdose deaths is to expand access and use of naloxone in patients at the greatest risk of an opioid overdose. This includes patients taking high-doses of opioids, those with lung, kidney, or liver disease, those using opioids recreationally, and patients that combine opioids with other depressants (e.g. benzodiazepines) or alcohol. While anyone taking too much of an opioid can suffer an overdose, these are the patients are at the greatest risk of an overdose and therefore are the patients most likely to need access to a naloxone product.

Naloxone Products Overview

Naloxone works by displacing and blocking opioids at opioid receptor sites in the central nervous system, reversing the effects of opioids. It is available in the following formulations, each with their own advantages and disadvantages:

Vial & prefilled syringe	Auto-injection (Evzio)*	Nasal spray (Narcan)
• Cash cost per single dose: ~$14-$40 (AWP) • Requires training for proper use • Administered, IM, or SubQ, injected into the outer thigh (IV in healthcare setting) • Given as 0.4 mg or 2 mg doses • Available as prefilled syringes as well as single and multi-dose vials at strengths of 0.4 mg/mL and 1 mg/mL	• Cash cost per single dose: ~$2,250-$2,460 (AWP) • Provides intelligent voice guidance for use • Administered IM or SubQ, injected into the outer thigh • Given as 0.4 mg or 2 mg doses • Available as an auto-injector at strengths of 0.4 mg/0.4 mL and 2 mg/0.4 mL * *Currently not covered by KMAP due to the manufacturer's non-participation in the Medicaid Drug Rebate Program*	• Cash cost per single dose: ~$75 (AWP) • Easy to use/administer, and does not require much assembly • Administered intranasally in one nostril • Given as a single spray containing 4 mg dose • Available as a single-dose, nasal spray at a strength of 4 mg/0.1 mL

Regardless of which formulation of naloxone is provided, all patients and their caregivers must be educated on how to use the formulation provided. Counseling includes:

- Recognizing the signs and symptoms of opioid overdose, the most notable being extreme somnolence and respiratory depression.
- Naloxone has a short duration of action relative to many opioids, putting the patient at risk of a recurring overdose. To combat this, caregivers must know to:
    - Seek emergency care after the first dose of naloxone is administered.
    - If the patient does not respond to the previous dose, give repeated doses every 2-3 minutes, until emergency care arrives.
- Naloxone may cause opioid withdrawal symptoms including sweating, tachycardia, runny nose, body aches, shivering/trembling, irritability, diarrhea, and nausea/vomiting.

References:

1) CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov
2) CDC. Opioid Overdose. Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at https://www.cdc.gov/drugoverdose/index.html
3) Rudd RA, Seth P, David F, Scholl L. Increases in Drug and Opioid-Involved Overdose Deaths — United States, 2010–2015. MMWR Morb Mortal Wkly Rep. ePub: 16 December 2016.
4) Facts & Comparisons eAnswers. St. Louis, MO: Wolters Kluwer Health Inc.; 2017. Available at http://online.factsandcomparisons.com. Accessed October 2017.
5) Ossiander EM. Using textual cause-of-death data to study drug poisoning Ossiander EM Am J Epidemiol. 2014 Apr 1;179(7):884-94.
6) Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2014.
7) Substance Abuse and Mental Health Services Administration. Highlights of the 2011 Drug Abuse Warning Network findings on drug-related emergency department visits. The DAWN Report. Rockville, MD: US DHS, Substance Abuse and Mental Health Services Administration; 2013.

Treatment of Viral Influenza Infection

With the start of the flu season beginning, please take a moment to review the following information from the CDC regarding influenza treatment.

Currently, due to known resistance of influenza A viruses to other therapies, the only antiviral medications recommended for influenza treatment are the neuraminidase inhibitors (oseltamivir, zanamivir, and peramivir). Antibiotic therapy is not effective for the treatment of the influenza virus and thus should only be initiated in patients when viral influenza has been ruled out via rapid test or other means.

Treatment with antiviral therapy is recommended for everyone with confirmed or suspected influenza who have severe or complicated illness, require hospitalization, or is at high risk of complications from influenza (listed below).

- Those aged < 2 years and ≥65 years
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Those that are Immunocompromised due to any cause
- Women who are or will be pregnant during the influenza season
- Residents of long-term care facilities
- Pediatric patients on aspirin therapy
- American Indians and Alaskan Natives
- Persons with a BMI ≥40

The best outcomes are achieved with antiviral therapy if stared within 48 hours of onset, thus treatment should be started immediately in patients that are seriously ill with suspected influenza. To reduce resistance, the entire 5-day course of antiviral therapy should always be completed once started.

All patients with known of suspected influenza infection should remain hydrated and undergo bed rest until the infection resolves. Most importantly, all providers should make every effort to help prevent the spread in influenza by offering and encouraging vaccination against influenza for all patients over 6 months of age, without contraindications.

References

1) CDC. Frequently asked flu questions 2018-2019 influenza season. Available at: https://www.cdc.gov/flu/about/season/flu-season-2018-2019.htm. Accessed August 29, 2018.
2) CDC. Use of antivirals. Available at: https://www.cdc.gov/flu/professionals/antivirals/antiviral-use-influenza.htm#Box. Accessed August 29, 2018.
3) CDC. Prevention strategies for seasonal influenza in healthcare settings. Available at: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm. Accessed August 29, 2018.

Generic Medications

Recently Approved Generic Drugs:

June 2018	July 2018	August 2018
Buprenorphine-naloxone sublingual film (Suboxone) Hydroxyprogesterone injection (Makena)	Budesonide ER tablets (Uceris) Roflumilast (Daliresp) Colesevelam (Welchol)	Tadalafil 20 mg (Adcirca) Emtricitabine-tenofovir (Truvada)

Upcoming Generic Drugs:

Generic Name	Brand Name	Anticipated Launch
Ticagrelor	Brillinta	September, 2018
Clobazam	Onfi	October, 2018

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